



FILE COPY

March 28, 2014

[REDACTED] 2498

PRICE, PHYLLIS M

[REDACTED]

[REDACTED]

DEBT ID

APPLICATION TYPE

SCHOOL NAME

[REDACTED] 9770

Ability to Benefit

UNIVERSITY OF PHOENIX

This letter acknowledges receipt of your sworn statement requesting discharge of your student loan(s). After a thorough review of your application, the U.S. Department of Education (ED) has denied your request for discharge for the following reason(s):

Schools are required to certify students lacking a high school diploma or GED are eligible borrowers, within the context of false certification discharge, by determining that the student has the ability to benefit from the training program of study. At the time of your enrollment, schools could certify a student's ability by the following standards:

- 1) Passed an independently administered ATB test approved by the Secretary of Education, within the twelve months prior to the date he or she initially receives Title IV funding;
- 2) Be considered to have the ability to benefit from the school's training in accordance with a process prescribed by the State in which the school is located;
- 3) Was home schooled and met the requirements of 34 CFR 668.32(e)(4).

False Certification of a student's ability-to-benefit occurs when a school admits a student without properly following ability-to-benefit procedures. The U.S. Department of Education conducts periodic reviews of schools participating in the Federal student loan programs and performs audits when deemed necessary. Schools are reviewed and audited to insure accountability -- including adherence to ability-to-benefit requirements.

This office has reviewed information from entities responsible for overseeing the school's compliance with ability-to-benefit regulations, and has found no corroborating evidence of ability to benefit violations at the school during your time of enrollment, such as program deficiencies, which would have

FEDERAL STUDENT AID  START HERE. GO FURTHER.™

come to light during reviews and audits of the school. Not having a high school diploma or GED at the time of enrollment does not, by itself, qualify you for loan discharge.

Schools are required only to certify that student borrowers have sufficient ability to benefit from the training offered. Employment in the field of study, however, is not guaranteed, and the student's inability to find employment in the field of study may not be used as a condition of repayment.

The Department's role in the various student loan programs is to make funds available to students to defray the cost of an education. The Department does not set the curriculum or guarantee the quality of education delivered. The selection of the school is the responsibility of the student.

The promissory note signed in the process of procuring the loans is independent of the enrollment agreement made with the school. Repayment is not contingent upon the student's satisfaction with the training, services, equipment or placement facilities. For these reasons, the Department considers these loans to be an outstanding, legal obligation.

This determination covers only the loan(s) held by the U.S. Department of Education, listed above. The Department has made no determination regarding loans held by guarantee agencies, servicers, lenders, or educational institutions. If you believe that you may be eligible for discharge of other loans, you should contact the holder of the loans.

You are responsible for paying any outstanding balance due on your loan(s). Please call 800-621-3115 to make arrangements for repayment of the loan(s).

Sincerely,

Operations Services Processing Division

Federal Student Aid

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Ed Fund  
 Attn: Post Default Service  
 P.O. Box 419033  
 Rancho Cordova, CA  
 95741

## 2. Article Number

(Transfer from ser

7006 2760 0000 5186 5568

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-00-11

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X

☐ Agent☐ Address

## B. Received by (Printed Name)

## C. Date of Delivery

Is delivery address different from item 1? ☐ Yes  
 If yes, enter delivery address below ☐ No

## 3. Service Type

☒ Certified Mail ☐ Express Mail☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes



7012 2920 0001 1867 4141

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

Action Financial  
P.O. Box 5358  
Central Point, OR 97502

PS Form 3800, August 2006  
See Reverse for Instructions

January 27, 2014

Phyllis Price  
[REDACTED]

U.S. Department of Education  
PO Box 5609  
Greenville, Texas 75403-5609

Re: Acct No [REDACTED] 2496

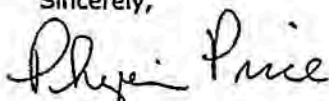
Dear Sirs:

This letter is in response to your letter dated October 23, 2013, (copy enclosed) and phone calls, from your agent, concerning the collection of the above referenced account. Please cease any phone calls and notify me by mail only.

I previously submitted certified letters on March 8, 2008, the attached Loan Discharge Application OMB Form NO. 1845-0015 to American Student Assistance, Boston Massachusetts and their representative Diversified Collection Services, Grants Pass Oregon. This is evidenced by the certified signed mail receipts. I also sent the same information to ED Fund, Rancho Cordova, CA on March 31, 2008 as evidenced by the signed certified mail receipt. I do not owe what you say I owe, as requested by the Loan Discharge. I continue to dispute this debt and have provided proof of my application and supporting documentation. On May 14 2008, I was once again requested to send proof of my application and once again, I sent the application with my school transcripts that shows I did not graduate from High School and I was never informed by the school or knew that they falsely certified me to benefit. On 6-9-2008 I sent a formal request for a telephone hearing to Diversified Collections Service which was never answered. On 8-20-08 I sent to DCS another request for consideration of my loan discharge again with supporting documentation. This has since been followed up with FH Cann & Associates, North Andover MA, 1-8-2009 and again 7-21-2009, Specialized Collection Systems 10-26-10, Collection Technology Inc., Monterey Park, California, 11-4-2010 and West Asset, Fredericksburg Va. 4-17-2012, all have been sent supporting documentation as evidenced by certified signed mail receipts enclosed.

I once again, respectfully request consideration of my loan discharge. If necessary, this time I will seek legal counsel to pursue this on my behalf, protect my rights and bring this to closure. Thank you for your consideration.

Sincerely,



Phyllis Price

January 25, 2014

Phyllis Price  
[REDACTED]

U.S. Department of Education  
PO Box 5609  
Greenville, Texas 75403-5609

Re: Acct No [REDACTED] 2496


Dear Sirs:

This letter is in response to your letter dated June 26, 2014, which I only received July 25, 2014. I am requesting a hearing by telephone as instructed. I also previously sent you a certified letter January 27, 2014 requesting Loan Discharge based on my application sent in March 8, 2018.

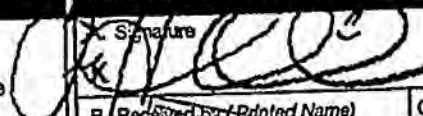
I previously submitted certified letters on March 8, 2008, the attached Loan Discharge Application OMB Form NO. 1845-0015 to American Student Assistance, Boston Massachusetts and their representative Diversified Collection Services, Grants Pass Oregon. This is evidenced by the certified signed mail receipts. I also sent the same information to ED Fund, Rancho Cordova, CA on March 31, 2008 as evidenced by the signed certified mail receipt. I do not owe what you say I owe, as requested by the Loan Discharge. I continue to dispute this debt and have provided proof of my application and supporting documentation on many occasions. On May 15 2008, I was once again requested to send proof of my application by American Student Assistance and once again, I sent the application with my school transcripts that shows I did not graduate from High School and I was never informed by the school or knew that they falsely certified me to benefit. On 6-9-2008 I sent a formal request for a telephone hearing to Diversified Collections Service which was never answered. On 8-20-08 I sent to DCS another request for consideration of my loan discharge again with supporting documentation. This has since been followed up with FH Cann & Associates, North Andover MA, 1-8-2009 and again 7-21-2009, Specialized Collection Systems 10-26-10, Collection Technology Inc., Monterey Park, California, 11-4-2010 and West Asset, Fredericksburg Va. 4-17-2012, all have been sent supporting documentation as evidenced by certified signed mail receipts enclosed.

I once again, respectfully request consideration of my loan discharge. I am seeking legal counsel to pursue this on my behalf, protect my rights and bring this to closure. Thank you for your consideration.

Sincerely,

  
Phyllis Price



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>U.S. Dept. of Education P.O. Box 5609 Greenville, Texas 75403-5609</p>		<p>B. Received By (Printed Name) TERANCE HALL</p>	<p>C. Date of Delivery FEB 03</p>
<p>2. Article Number (Transfer from service label)</p> <p>7009 2820 0002 9464 7141</p>		<p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p> <p>By _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-1540</p>	





SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p>Diversified Collections Solutions Inc. Attn: Wage Withholding Dept P.O. Box 5239 Gibbstown, NJ 08042</p>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>X [Signature]</i> </p>	
		B. Received by (Printed Name)	C. Date of Delivery
		<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Article Number (Transfer from service label)</p> <p>7007 0220 0004 0564 6012</p>			
<p>US Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-1540</p>	

POOR SERVICE

## AWG RFH Cover Sheet

AWG RFH Cover Sheet

Agency Code: 582 Prepared By: Kimberly Hiljos  
 Contact No. # 541-955-7856 Date Package Prepared: 8-5-14  
 Date Rec'd: 7/30/14 PM Date: 7/29/14 Date Returned ED/Vagent: \_\_\_\_\_  
 (THR) UTH (circle one) Current AWG Status Code: \_\_\_\_\_

Debtor's Name: Phyllis M. Price SSN: [REDACTED]Type RFH (check one): ☐ In-Person ☒ Telephone ☐ Written Record

## Objection

## RFH PACKAGE Checklist

Check All Objection(s) Identified

Check All Enclosed Document(s)

Financial Hardship: \_\_\_\_\_

Balance Dispute:

In- Repayment: \_\_\_\_\_

Repaid SIF/PIF: \_\_\_\_\_

Incorrect Amount: \_\_\_\_\_

Bankruptcy:

Active Chapter 7/13: \_\_\_\_\_

Discharged Chapter 7/13: \_\_\_\_\_

Disability: \_\_\_\_\_

Death: \_\_\_\_\_

Legal Exclusion:

Employed less than 12 months: \_\_\_\_\_

Unemployed: \_\_\_\_\_

Terminated involuntarily from previous employment: \_\_\_\_\_

Third Party / SSN Dispute: \_\_\_\_\_

Unpaid Refund Request: \_\_\_\_\_

Dischargeability Claims:

ATB (No GED): ☒

ATB (Not Qualified): \_\_\_\_\_

Closed School: \_\_\_\_\_

Unauthorized Signature: \_\_\_\_\_

☒ Request For Hearing Form or Letter  
 Requesting Hearing Received from debtor  
 and envelop (mandatory)

☐ Copy of Promissory Note(s) sent to borrower  
 (mandatory) date sent \_\_\_\_\_

☐ A dated copy of Notice Requesting  
 Additional Information (mandatory)

☐ Any Application(s) or Form(s) submitted by  
 the Debtor (mandatory)

☐ Financial Disclosure Form (if applicable)

☐ Copies of two-2 pay stubs (if applicable)

☐ AWG Hardship Calculator (if applicable)

☐ Copy of the PCA Notepad (mandatory)

Unable to send letter  
 requesting additional  
 documents, a no mail  
 warning on account.

Dates Mailed Requested for Documentation and/or Notified Debtor to submit: \_\_\_\_\_

## AWG Hearing Request/Hardship Setup Checklist

### COMPANY INFORMATION

Private Collection Agency Name / Agency #: 582

Borrower's name:

Phyllis M Price

Borrower's SSN: [REDACTED]

☒ Timely or ☐ Untimely Hearing Request

L102 has been updated:

L140 has been updated:

### CHECKLIST

☐ Financial Disclosure Statement

☐ 1040 Tax Form.  
Fiscal year-end: December 31,

☐ 2 Current paystubs or income verification.

☐ Copy of promissory notes(s)

☐ Lease/Mortgage information

☐ Copy of calculator worksheet

☐ Auto/Auto Insurance proof of payment

☐ Utilities: telephone, gas, light etc.

☐ Child Care proof of payment

☐ Medical Bills with proof of payment

☐ Court ordered payments

☐ Other Federal Agency debts eg. IRS

☐ Misc. debts. Proof of payment

☐ Balance dispute with supporting evidence

☐ Problem School Issues and discharge application

☐ LEX evidence, copy of previous POE involuntarily terminated and current POE start date

☐ Bankruptcy documents

☐ Disability documents



100 Cambridge Street, Suite 1600  
Boston, MA 02114

800.999.9080

www.asa.org



May 8, 2012

Phyllis Price  
[Redacted Address]

Account Number: [Redacted] 55

Dear Ms. Price:

I am writing in response to the letter sent to West Asset Management (WAM) concerning your student loan account held by American Student Assistance® (ASA).

According to our records, we have received numerous letters from you indicating your loan should have been exempted through the False Certification: Ability to Benefit discharge. Your belief is that the school you attended, University of Phoenix, did not properly test your ability to benefit from the program, and thus falsely certifying your eligibility to borrow. You have also stated that you did not have a high school diploma or a General Educational Development (GED) certificate when you enrolled at the school.

However, ASA® and the Department of Education (ED) provided detailed information regarding the claims made by you when your loan was in dispute. Enclosed you will find copies of your dispute letters, as well as ASA's responses, and finally, the response and decision from the Department of Education (ED), which was also mailed to you.

This is the final time ASA will respond to your dispute letters, as you have not provided any new information regarding a specific dispute, and we have provided sufficient documentation regarding this matter. ASA will disregard any future correspondence from you making similar assertions as those found in the documents you provided to us. Please note sending in the same request will not stop the collection activity on your account, and interest and collection costs will continue to accrue. Additionally, ASA will continue to report the account to the three major consumer reporting agencies.

Your account is currently being handled by WAM. Please contact them at 800.854.9602 to establish a payment plan.

Please contact me at 800.343.2120, ext. 5038 with any additional questions.

Sincerely,

Stella Smith  
Senior Borrower Advocate  
Borrower Advocacy  
American Student Assistance

*This is an attempt to collect a debt and any information obtained will be used for that purpose.*

May. 3. 2012 2:50PM West Asset Management

No. 8547 P. 2



April 17, 2012

West Asset Management, Inc.  
10300 Spotsylvania Avenue, Suite 200  
Fredericksburg, Va. 22408

Ref: Alleged Account [REDACTED] 1725

Dear Sirs:

In reference to your letter of 2 March 2012, please be advised that I dispute the validity of this debt by you and your original creditor. This was disputed through the United States Department of Education for False Certification of Ability to Benefit. My loan should be discharged (forgiven) and no further action should be taken. I proved my position through my application OMB No 1845-0015 which was submitted to the US Department of Education, 8 March 2008 and you are ignoring the status of my rights. Also, there has never been any verification provided for the validity of this debt. Any further efforts on your part will result in my taking legal action to assert my rights. Please consider this as my formal notification to not contact me any further. Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Phyllis Price".

Phyllis Price



# 581050

Cc: West Asset Mgt. Inc., P.O. Box 790113, St. Louis, Missouri 63179-0113

RECEIVED  
MAY 03 2012  
BORROWER ADVOCACY



October 14, 2011

Collection Technology, Inc.  
P.O. Box 2017

---

Ref: Alleged Acct. # [REDACTED] 6782

Dear Sirs:

In reference to your letter of 13 September 2011, please be advised that I dispute the validity of this debt by you and your original creditor. This was disputed through the United States Department of Education for False Certification of Ability to Benefit. My loan should be discharged (forgiven) and no further action should be taken. I proved my position through my application OMB No 1845-0015 which was submitted to the US Department of Education and you are ignoring the status of my rights. Also please see my letter attached to you on 19 October 2010, requesting for you to provide alleged verification of this debt which you failed to do. Any further efforts on your part will result in my taking legal action to assert my rights. Please consider this as my formal notification to not contact me any further. Thank you.

Sincerely,

Phyllis Price  
[REDACTED]



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  X <i>Paul R. Ratti</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name)  PAUL RATTI</p> <p>C. Date of Delivery  FEB 1 2004</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Collection Technology, Inc.  P.O. Box 2017  Monterey Park  Calif. 91754</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number  (Transfer from service label)</p> <p>7010 1870 0002 7120 4651</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p><i>Specialized Collection Systems Inc.</i></p> <p><i>P.O. Box 441568</i></p>		<p>A. Signature  <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>JOAN L. McHerry</i></p> <p>C. Date of Delivery  <i>10-26-10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Article Number          (Transfer from service label)</p>		<p>7010 1870 0002 7120 4620</p>	
<p>Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102595-02-11-1540</p>	

Collection Technology, Inc.  
P.O. Box 2017  
Monterey Park, CA 91754

# PRIORITY NOTICE

December 3, 2009

Phyllis M Price

Client : American Student Assistance

Account Number : 6782

Balance Due : \$50371.72

## Take Advantage Of This Great Opportunity Today

The guarantee agency that is responsible for your defaulted loan strongly suggests you consider the benefits you will receive from Loan Rehabilitation.

The Advantages to you include:

- ♦ Your credit record pertaining to the defaulted FFEL Program Loan will be updated to clear the defaulted Status (there will be no history of it even going into default).
- ♦ You will have the restrictions from federal financial student aid removed.
- ♦ You will have all the opportunities of a current FFELP borrower reinstated (i.e. deferment, forbearance, additional loans, and etc...)
- ♦ There will be no more IRS tax offsets taken to collect this defaulted student loan.

Loan Rehabilitation is a program that when a borrower of a defaulted student loan makes nine consecutive on time monthly payments, their loans may qualify to be repurchased by an pre-determined lender.

CTI is committed to helping you resolve this difficult situation. Please contact your loan counselor at 1-877-522-6898 today for more information about Loan Rehabilitation.

*This is an attempt to collect a debt by a debt collector and any information obtained will be used for that purpose.*

*The balance due represents all moneys currently assigned to CTI. This may not include other amount due our client. Any payment in full will be verified by CTI and approved by our client.*

## IMPORTANT INFORMATION ON THE BACK OF THIS NOTICE

-----Detach and Return with Payment-----

P.O. Box 2017  
Monterey Park, CA 91754  
Return Service Requested

Account Number : 6782

Balance Due : \$50371.72

Amount Enclosed : \$ \_\_\_\_\_

PERSONAL & CONFIDENTIAL

Phyllis M Price

6782

Collection Technology, Inc.  
P.O. Box 2017  
Monterey Park, CA 91754

|||||



**PRIORITY NOTICE**

Your Name: \_\_\_\_\_

Your SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Household and Employment Information**

Home Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

**Household Income and Expenses****Monthly Income**

Monthly Net \_\_\_\_\_

Spouse's Net \_\_\_\_\_

Unemployment \_\_\_\_\_

Social Security Benefits \_\_\_\_\_

Alimony \_\_\_\_\_

AFDC \_\_\_\_\_

Child Support \_\_\_\_\_

Parental Support \_\_\_\_\_

Rental Income \_\_\_\_\_

Interest Dividends \_\_\_\_\_

Other (\*) \_\_\_\_\_

**Monthly Expenses**

Rent/ Mortgage \_\_\_\_\_

Property Tax \_\_\_\_\_

Home/Renter's Insurance \_\_\_\_\_

Condo Fee \_\_\_\_\_

Food \_\_\_\_\_

Clothing \_\_\_\_\_

Cable TV \_\_\_\_\_

Electricity \_\_\_\_\_

Natural Gas/Heating Oil/Propane \_\_\_\_\_

Water/Sewer/Trash Disposal \_\_\_\_\_

Basic Phone Service \_\_\_\_\_

Cellular Phone \_\_\_\_\_

Car Payments \_\_\_\_\_

Auto Fuel and Maintenance \_\_\_\_\_

Public Transportation \_\_\_\_\_

Auto Insurance \_\_\_\_\_

Child Care Expenses (# of children) \_\_\_\_\_

Child Support (# of children) \_\_\_\_\_

Entertainment \_\_\_\_\_

Other \_\_\_\_\_

**Total** \_\_\_\_\_**Total** \_\_\_\_\_**List all Credit Cards and Charge Cards:**

Name

Address

Balance Due

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

- Continue -

7/21/09 4 3/16/09



June 24, 2009

**RECEIVED**  
JUN 30 2009  
**BORROWER ADVOCACY**

American Student Assistance  
100 Cambridge Street, Suite 1600  
Boston, MA 02114

Attention: Joey Vigeant

RE: Ms. Phyllis Price

Dear Mr. Vigeant:

This letter transmits the decision of the U. S. Department of Education (the Department) on the objection of Phyllis Price (Account #: [REDACTED] 55) regarding certification for offset of her federal payments for a debt held by your agency.

The Department has denied such objection for the reason specified in our response. Your agency may continue with certification of this account for offset against Ms. Price's federal payments.

If you have any questions regarding this matter, please contact me at (312) 730-1499.

Sincerely,

Veardean Wilson  
Hearing Officer  
Business Operations  
Borrower Services, Hearings & Interagency Appeals Branch  
500 W. Madison St., Suite 1520, Chicago, IL 60661-4544  
1-800-621-3115  
[www.FederalStudentAid.ed.gov](http://www.FederalStudentAid.ed.gov)  
1-800-4-FED-AID

FEDERAL STUDENT AID START HERE. GO FURTHER.™





June 24, 2009

Phyllis Price

Acct # [REDACTED] 55

Dear Ms. Price:

This letter is to inform you of the decision of the U.S. Department of Education (the Department) on your objection to offset of your federal payments for a debt held by the American Student Assistance (ASA). The decision was rendered after careful review of all records related to your account submitted by you, and by ASA.

Your objection, as I understand it, is:

- You objected to offset on the ground that you did not have a high school diploma or a General Educational Development (GED) certificate when you enrolled at the school you attended with this loan, and you believe that the school did not properly test your ability to benefit from the program, and thus falsely certified your eligibility to borrow.

**Evidence considered:**

The Department reviewed the documents you provided and information in the ASA's records regarding this account.

ASA reviewed your request for loan discharge and determined that you do not qualify for false certification discharge. Under the Federal Family Education Loan and William D. Ford Federal Direct Loan Programs, schools are required to certify that student borrowers who do not have a high school diploma or General Educational Development (GED) certificate have the ability to benefit from the training offered by the institution. False certification occurs, for example, if the school failed to test the student's ability to benefit or conducted testing in an improper manner.

Borrower Services, Customer Care Group  
500 W. Madison St., Suite 1520, Chicago, IL 60661-4544  
1-800-621-3115  
[www.FederalStudentAid.ed.gov](http://www.FederalStudentAid.ed.gov)  
1-800-4-FED-AID

**RECEIVED**  
JUN 30 2009  
**BORROWER ADVOCACY**

FEDERAL STUDENT AID ~~START~~ START HERE. GO FURTHER.™



Page 2 – Ms. Price

Because you did not provide evidence necessary to support your claim, your request for loan discharge was denied. After reviewing the records available and the statement you provided, the Department finds that you are legally liable for the repayment of this debt.

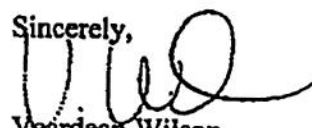
**Decision:**

The Department finds that ASA has addressed your concerns appropriately and in compliance with applicable laws and federal regulations.

Therefore, your objection to certification of your account for any Federal payments offset has been denied. ASA will be notified of this decision.

If you disagree with this decision, you may have it reviewed by bringing a lawsuit in Federal District Court.

Sincerely,

  
Veardean Wilson  
Hearing Official  
Business Operations  
Hearings & Interagency Appeals

Cc: ASA

**RECEIVED**  
JUN 30 2009  
**BORROWER ADVOCACY**

## SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

F.H. Conn Assoc. Inc.  
 1600 Osgood St.  
 Suite 20-21120  
 North Andover Ma  
 01845

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1?  
If YES, enter delivery address below:☐ Yes  
☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 2810 0000 3102 0798

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

F.H. Conn Assoc.  
 1600 Osgood Street Suite 2-120  
 North Andover MA 01845  
 Attn: Wade & Garnick  
 Appeal

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1?  
If YES, enter delivery address below:☒ Yes  
☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

700

7009 0080 0001 2280 3189

102595-02-M-1540

Case 4:14-cv-03441 Document 13-2 Filed 07/23/15 in TXSD Page 25 of 40  
1600 Osgood St. Suite 20-2\120  
North Andover MA 01845-1025  
ADDRESS SERVICE REQUESTED

F.H. Cann & Associates, Inc.  
1600 Osgood St. Suite 20-2\120  
North Andover, MA 01845  
(877) 750-9800

January 19, 2009

Re: AMERICAN STUDENT ASSISTANC  
Your Account #: [REDACTED] 9526  
Balance: \$49324.94

374332-239526 - 001 - 4255  
Phyllis M Price  
[REDACTED]

F.H. Cann & Associates, Inc.  
1600 Osgood St. Suite 20-2\120  
North Andover MA 01845  
[REDACTED]

Dear Phyllis M Price,

We have been asked to contact you to discuss resolution of your overdue account with AMERICAN STUDENT ASSISTANC.

According to our client's records, full payment of your account is long overdue. Please take care of this obligation immediately.

Send the balance in full to this office.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

This is an attempt to collect a debt. Any information obtained will be used for that purpose. This communication is from a debt collector.

Make your check or money order payable to F.H. Cann & Associates, Inc. and send to:

F.H. Cann & Associates, Inc.  
1600 Osgood St. Suite 20-2\120  
North Andover MA 01845

Office Hours:  
Mon - Thurs 8 A.M. - 8 P.M.  
Fri 8 A.M. - 5 P.M.  
Sat 8 A.M. - Noon

IF YOU WANT TO PAY BY VISA, MASTERCARD, OR AMERICAN EXPRESS, (CIRCLE ONE) FILL IN THE INFORMATION BELOW AND RETURN THE ENTIRE LETTER TO US IN THE ENCLOSED ENVELOPE.



Account Number	\$ _____	_____ / _____
Payment Amount	Expire Date	
Card Holder Name	Signature of Card Holder	
Billing Address	City	State Zipcode



DCS

DIVERSIFIED COLLECTION SERVICES, INC.  
A PERFORMANT COMPANY

P.O. Box 5239, Grants Pass, OR 97527-0239

800-927-7667

June 25, 2008

Phyllis Price

*Please see enclosed  
info:  
1) Loan Discharge application  
2) High school transcript*

RE: Claim of: American Student Assistance Corporation  
SSN: [REDACTED]  
Balance: \$48,145.15 as of: July 31, 2008

The purpose of this letter is to respond to the Request for Hearing Notice you returned to our office in dispute of the Administrative Wage Garnishment ("AWG") proceedings on your student loan account(s). In the Request for Hearing Notice, you requested an application for Loan Discharge Due to Ability to Benefit. Enclosed is a Request for Loan Discharge Due to Ability to Benefit. Please fully complete the Request for Loan Discharge form and return the request to DCS within 60 days. This request must be returned within 60 days. If the request is not returned within 60 days, the AWG proceeding may resume.

After you have fully completed the request and gathered all supporting documentation, please return the request and all documents to the address listed below:

DCS  
Attn: AWG Dept.  
PO Box 5239  
Grants Pass, OR 97527-0239  
Fax: (925) 960-2380

DCS will forward your request to American Student Assistance Corporation, who will research your request and render a decision based on the documentation you submit. The AWG proceedings will be suspended during this time of review by the Investigations Unit. After the Investigations Unit has completed its review, you will be notified in writing of the results.

If the Request for Loan Discharge form is not received by DCS, Inc. within 60 days, or upon review, you do not qualify for Loan Discharge to Ability to Benefit, collection efforts will resume on your student loan account(s) with the continuation of the AWG proceedings.

Sincerely,

Administrative Wage Garnishment Department

Enclosure

**DCS**

DIVERSIFIED COLLECTION SERVICES, INC.  
A PERFORMANT COMPANY

*P.O. Box 5239, Grants Pass, OR 97527-0239*

*800-927-7667*

**June 25, 2008**

Phyllis Price  
[REDACTED]

RE. Claim of: **American Student Assistance Corporation**  
SSN: [REDACTED]  
Balance: **\$48,145.15 as of: July 31, 2008**

The purpose of this letter is to respond to the Request for Hearing Notice you returned to our office in dispute of the Administrative Wage Garnishment ("AWG") proceedings on your student loan account(s). In the Request for Hearing Notice, you requested an application for Loan Discharge Due to Ability to Benefit. Enclosed is a Request for Loan Discharge Due to Ability to Benefit. Please fully complete the Request for Loan Discharge form and return the request to DCS within 60 days. **This request must be returned within 60 days.** If the request is not returned within 60 days, the AWG proceeding may resume.

After you have fully completed the request and gathered all supporting documentation, please return the request and all documents to the address listed below:

DCS  
Attn: AWG Dept.  
PO Box 5239  
Grants Pass, OR 97527-0239  
Fax. (925) 960-2380

DCS will forward your request to **American Student Assistance Corporation**, who will research your request and render a decision based on the documentation you submit. The AWG proceedings will be suspended during this time of review by the Investigations Unit. After the Investigations Unit has completed its review, you will be notified in writing of the results.

If the Request for Loan Discharge form is not received by DCS, Inc. within 60 days, or upon review, you do not qualify for Loan Discharge to Ability to Benefit, collection efforts will resume on your student loan account(s) with the continuation of the AWG proceedings.

Sincerely,

Administrative Wage Garnishment Department

Enclosure

**NOTICE PRIOR TO WAGE WITHHOLDING**

PHYLLIS M PRICE



**Claim of:**  
**American Student Assistance**

**ISSUED: May 31, 2008**

**IN RE:**  
**STUDENT LOAN DEBT OF**  
**PHYLLIS M PRICE, DEBTOR**

§  
§  
§  
§  
§



**You have the following rights regarding this action:**

- You have the opportunity to inspect and/or request copies of your guarantor's records relating to your debt. Basic information about your debt will be provided free of charge along with our response to your hearing request. All requests for documentation must be in writing. Telephone request will not be honored. **PLEASE NOTE THAT A REQUEST FOR DOCUMENTS, by itself, WILL NOT PREVENT GARNISHMENT OF YOUR WAGES.**
- You have the opportunity to avoid wage garnishment by immediately remitting the balance in full or by entering into a written repayment agreement with DCS to establish a satisfactory schedule for the repayment of this debt. To obtain information on entering into a repayment agreement, call 800-927-7667 and ask to speak with your representative.
- You have the right to object to the proposed garnishment, and you have an opportunity for a hearing on your objection. You may raise as objections: 1) the existence of the debt; 2) the amount of the debt; or 3) that making installment payments in amounts equal to fifteen percent (15%) of your disposable pay, or having payments in that amount withheld from your disposable pay would constitute an extreme financial hardship.
- An employer may not discharge you, refuse to employ you, or take disciplinary action against you as a result of this proposed action or the existence of an Order for Withholding. If an employer takes any of these actions, you may sue that employer in a state or federal court for reinstatement, back pay, attorney's fees, and punitive damages.
- If you document that you have been involuntarily separated from employment, American Student Assistance will not garnish your wages until you have been re-employed continuously for twelve (12) months. If you wish to claim this exemption from wage garnishment, you will need to complete Part II of the enclosed Request for Hearing form and send us written proof that you qualify for the exemption by **July 6, 2008**. Satisfactory "written proof" is the following: documents from the applicable Employment Commission (or a similar agency in another state) indicating your entitlement to unemployment compensation, and a statement from your present employer indicating the date you began work at your present job. If you are not covered under a state's unemployment program (even if involuntarily separated from employment), you must provide a statement to that effect from the state unemployment agency. Failure to provide written proof may result in your claim of exemption being rejected as unsubstantiated.

- ☐ When I borrowed this loan to attend \_\_\_\_\_ (name of school), I had a condition (physical, mental, age, criminal record) that prevented me from meeting state requirements for performing the occupation for which I received training at the school. I request an application for discharge of my loan for this reason.
- ☐ I believe that a representative of \_\_\_\_\_ (name of school) signed my name without permission on the loan application, promissory note, loan check(s), or authorization for my loan to be disbursed by electronic funds transfer, or master check. I request an application for discharge of my loan for this reason.
- ☐ This is not my Social Security Number, and I do not owe this loan. (Enclose a copy of your driver's license or other identification issued by a federal, state, or local government agency, and a copy of your Social Security Card.)
- ☐ I believe that this loan is not an enforceable debt in the amount stated for the reasons explained in the attached letter. (Attach a letter with any supporting documentation explaining any reason other than those listed above for your objection to collection of this loan amount by garnishment of your salary.)

**PART III.**

I SWEAR UNDER PENALTY OF PERJURY THAT THE STATEMENTS I HAVE MADE ON THIS REQUEST ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Phyllis Price  
Signature

6-9-08  
Date

Phyllis Price  
Printed Name

RETURN THIS FORM TO:

Diversified Collection Services, Inc.  
ATTN: Wage Withholding Department  
P.O. Box 5239  
Grants Pass, OR 97527  
800-927-7667

*Headquarters*  
*Diversified Collection Services, Inc.*  
*333 North Canyons Parkway, Suite 100*  
*Livermore, CA 94551-7661*



6-9-2008

Claim of:  
American Student Assistance

ISSUED: May 31, 2008

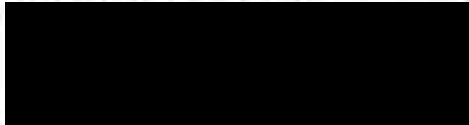
IN RE:  
STUDENT LOAN DEBT OF  
PHYLLIS M PRICE, DEBTOR

§  
§  
§

## REQUEST FOR HEARING

Name: PHYLLIS M PRICE

Address:



Social Security Number:



(213) 546-8042

Home Phone Number

( )

Work Phone Number

**Instructions**

Use this form to request a hearing if you object to wage withholding. Complete all parts that apply, and return the completed form and all required documentation to the address given following Part III. Be sure that your **name and social security number** appear on all documents and sheets of paper you submit with this form.

If you wish to enter into a repayment agreement in order to prevent wage withholding, **DO NOT USE THIS FORM**. Instead, contact DCS' Collections Department at 800-927-7667. By agreeing to repay, you are also agreeing that you do not contest the debt, and that **if you do not honor that repayment agreement, your debt can be collected by garnishment without further notice.**

**PART I. REQUEST FOR HEARING** (Check ONLY ONE of the following, then complete Parts II and III of this form.)

- ☒ I want a hearing based on my written statement and the records in my loan file.
- ☒ I want a hearing by telephone. (Provide a telephone number where you can be reached during the day): (213) 546-8042
- ☐ I want an in-person hearing at DCS' office in Livermore, CA. I understand that I must pay my own expenses to appear at this hearing.



**How to request a hearing:**

- Complete the enclosed form and return it to DCS by **July 6, 2008**. Mail your Hearing Request to the address listed below. Please write "Wage Garnishment Appeal Enclosed" on the envelope. Unless you specifically request an in person or telephone hearing, the hearing will be a review of your written statement on the enclosed "Request for Hearing" form and all relevant documents. We will advise you when, where, and how your hearing will be held.
- DCS must receive your written request for a hearing by **July 6, 2008** in order to prevent a Withholding Order from being issued to your employer. If you miss this deadline, you will still receive a hearing, but the hearing will not take place prior to the issuance of a Withholding Order to your employer. You must make your request for a hearing in writing. Telephone requests will not be honored.

**Your hearing may take place in one (1) of three (3) ways:**

- 1) **In writing.** An independent hearing officer will review your written statement and any supporting documentation and decide whether or not your debt is subject to wage withholding, and the amount of that withholding;
- 2) **By Telephone.** A conference call will be set up between you, DCS and the hearing officer; or
- 3) **In person.** If you request a hearing in person, it will be heard at DCS' office in Livermore, CA and you must pay your own expenses to appear at this hearing.

RETURN THIS FORM TO:

Diversified Collection Services, Inc.  
ATTN: Wage Withholding Department  
P.O. Box 5239  
Grants Pass, OR 97527  
800-927-7667

- ☐ I do not owe the full amount shown because I repaid some or all of this loan. (Enclose copies of the front and back of all checks, money orders, and any receipts showing payments made to the holder of the loan.)
- ☐ I am making payments on this loan as required under the repayment agreement I reached with the holder of the loan. (Enclose the repayment agreement and copies of the front and backs of all checks where you paid on the agreement.)
- ☐ Garnishment of fifteen percent (15%) of my disposable pay would result in an extreme financial hardship. (You will be mailed financial disclosure forms that you should complete and return to support your claim, along with copies of all documentation required to support your claims on those forms.) The hearing official will make a determination of the amounts you should pay based on a review of the financial disclosure forms and any documentation you submit.
- ☐ I filed for bankruptcy and my case is still open. (Enclose copies of any document from the court that shows the date that you filed, the name of the court, and your case number.)
- ☐ This loan was discharged in bankruptcy. (Enclose copies of loan discharge order and the schedule of debts filed with the court.)
- ☐ The borrower has died. (Enclose copy of borrower's Death Certificate.)
- ☐ I am totally and permanently disabled (unable to work and earn money because of an impairment that is expected to continue indefinitely or result in death.) I request an application for discharge of my loan for this reason.
- ☐ I used this loan to enroll in \_\_\_\_\_ (Name of school) on or about \_\_\_\_/\_\_\_\_/\_\_\_\_, and could not complete my educational program because the school closed while I was enrolled or not later than 90 days after I withdrew. I request an application for discharge of my loan for this reason.
- ☒ I did not have a high school diploma or GED when I enrolled at the school I attended when receiving this loan, and I believe the school did not properly test my ability to benefit from the program. I request an application for discharge of my loan for this reason.

*Please note original transcript attached*



100 Cambridge Street, Suite 1600  
Boston, MA 02114

800.992.9080

www.asa.com



May 14, 2008

Phyllis Price  
[REDACTED]

Account Number: [REDACTED] 55

Dear Ms. Price:

American Student Assistance (ASA) ® reviewed your application for a loan discharge due to false certification of your ability to benefit and determined you do not qualify for discharge at this time. Only students who can prove they did not have either a high school diploma or GED or students who had a disqualifying condition or status are potentially eligible for false certification loan discharge.

In order to reconsider your request for loan discharge, we require proof to substantiate your claim of not having a high school diploma or GED at the time you attended University of Phoenix. Acceptable documentation includes your high school transcripts or a GED certificate showing you obtained it after you attended the school. Please forward the above referenced information to my attention at:

American Student Assistance  
Borrower Advocacy  
100 Cambridge Street, Suite 1600  
Boston, MA 02114

If you have additional questions, please contact me at 1-800-343-2120 extension 5038.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joey Vigeant'.

Joey Vigeant  
Senior Borrower Advocate  
Borrower Advocacy Unit  
American Student Assistance

This is an attempt to collect a debt.



**NOTICE PRIOR TO WAGE WITHHOLDING**

PHYLLIS M PRICE



**Claim of:**  
**American Student Assistance**

**ISSUED: May 31, 2008**

**IN RE:**  
**STUDENT LOAN DEBT OF**  
**PHYLLIS M PRICE, DEBTOR**

§  
§  
§  
§  
§

Claim of:  
American Student Assistance

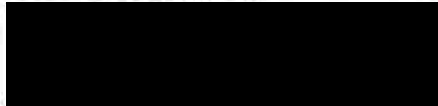
ISSUED: May 31, 2008

IN RE:  
STUDENT LOAN DEBT OF  
PHYLLIS M PRICE, DEBTOR

§  
§  
§  
§  
§

### NOTICE PRIOR TO WAGE WITHHOLDING


You are given notice that American Student Assistance, pursuant to Federal law (Public Law 102-164, as amended by Public Law 109-171; 20 U.S.C. § 1095a et seq.), will order your employer to immediately withhold money from your pay (a process known as "wage garnishment") for payment of your defaulted student loan(s), unless you take the action set forth in this Notice.

Debtor: PHYLLIS M PRICE  
Address: 

Employer: TECHNIP OFFSHORE INC/ ATTN: AMY HENSHAW  
STE 150  
11700 OLD KATY RD  
HOUSTON TX 77079-1227

Social Security

Total Amount

Number: 

Currently Owning: \$47793.59

You must establish a written repayment agreement with Diversified Collection Services (DCS) on or before July 6, 2008; otherwise, American Student Assistance will proceed to collect this debt through deductions from your pay. Unless you act by July 6, 2008, your employer will be ordered to deduct from your pay an amount equal to no more than fifteen percent (15%) of your "disposable pay" for each pay period, or the amount permitted by 15 U.S.C. 1673 (unless you give American Student Assistance written consent to deduct a greater amount) to repay your student loan(s) held by your guarantor. Disposable pay includes pay remaining after all deductions required by law have been withheld (such as social security and federal and state income taxes). Your employer will be ordered to deduct this amount no later than the first pay period which occurs after the date on which the Order of Withholding is issued to your employer, and will be ordered to deduct this amount each time you are paid, until your debt is paid in full.

**You have the following rights regarding this action:**

- You have the opportunity to inspect and/or request copies of your guarantor's records relating to your debt. Basic information about your debt will be provided free of charge along with our response to your hearing request. All requests for documentation must be in writing. Telephone request will not be honored. **PLEASE NOTE THAT A REQUEST FOR DOCUMENTS, by itself, WILL NOT PREVENT GARNISHMENT OF YOUR WAGES.**
- You have the opportunity to avoid wage garnishment by immediately remitting the balance in full or by entering into a written repayment agreement with DCS to establish a satisfactory schedule for the repayment of this debt. To obtain information on entering into a repayment agreement, call 800-927-7667 and ask to speak with your representative.
- You have the right to object to the proposed garnishment, and you have an opportunity for a hearing on your objection. You may raise as objections: 1) the existence of the debt; 2) the amount of the debt; or 3) that making installment payments in amounts equal to fifteen percent (15%) of your disposable pay, or having payments in that amount withheld from your disposable pay would constitute an extreme financial hardship.
- An employer may not discharge you, refuse to employ you, or take disciplinary action against you as a result of this proposed action or the existence of an Order for Withholding. If an employer takes any of these actions, you may sue that employer in a state or federal court for reinstatement, back pay, attorney's fees, and punitive damages.
- If you document that you have been involuntarily separated from employment, American Student Assistance will not garnish your wages until you have been re-employed continuously for twelve (12) months. If you wish to claim this exemption from wage garnishment, you will need to complete Part II of the enclosed Request for Hearing form and send us written proof that you qualify for the exemption by **July 6, 2008**. Satisfactory "written proof" is the following: documents from the applicable Employment Commission (or a similar agency in another state) indicating your entitlement to unemployment compensation, and a statement from your present employer indicating the date you began work at your present job. If you are not covered under a state's unemployment program (even if involuntarily separated from employment), you must provide a statement to that effect from the state unemployment agency. Failure to provide written proof may result in your claim of exemption being rejected as unsubstantiated.



**How to request a hearing:**

- Complete the enclosed form and return it to DCS by July 6, 2008. Mail your Hearing Request to the address listed below. Please write "Wage Garnishment Appeal Enclosed" on the envelope. Unless you specifically request an in person or telephone hearing, the hearing will be a review of your written statement on the enclosed "Request for Hearing" form and all relevant documents. We will advise you when, where, and how your hearing will be held.
- DCS must receive your written request for a hearing by July 6, 2008 in order to prevent a Withholding Order from being issued to your employer. If you miss this deadline, you will still receive a hearing, but the hearing will not take place prior to the issuance of a Withholding Order to your employer. You must make your request for a hearing in writing. Telephone requests will not be honored.

**Your hearing may take place in one (1) of three (3) ways:**

- 1) **In writing.** An independent hearing officer will review your written statement and any supporting documentation and decide whether or not your debt is subject to wage withholding, and the amount of that withholding;
- 2) **By Telephone.** A conference call will be set up between you, DCS and the hearing officer; or
- 3) **In person.** If you request a hearing in person, it will be heard at DCS' office in Livermore, CA and you must pay your own expenses to appear at this hearing.

**RETURN THIS FORM TO:**

Diversified Collection Services, Inc.  
ATTN: Wage Withholding Department  
P.O. Box 5239  
Grants Pass, OR 97527  
800-927-7667

6-9-2008

Claim of:  
American Student Assistance

ISSUED: May 31, 2008

IN RE:  
STUDENT LOAN DEBT OF  
PHYLLIS M PRICE, DEBTOR

§  
§  
§

## REQUEST FOR HEARING

Name: PHYLLIS M PRICE

Address:



Social Security Number:



(231) 546-8042

Home Phone Number

( )

Work Phone Number

**Instructions**

Use this form to request a hearing if you object to wage withholding. Complete all parts that apply, and return the completed form and all required documentation to the address given following Part III. Be sure that your name and social security number appear on all documents and sheets of paper you submit with this form.

If you wish to enter into a repayment agreement in order to prevent wage withholding, **DO NOT USE THIS FORM**. Instead, contact DCS' Collections Department at 800-927-7667. By agreeing to repay, you are also agreeing that you do not contest the debt, and that if you do not honor that repayment agreement, your debt can be collected by garnishment without further notice.

**PART I. REQUEST FOR HEARING** (Check ONLY ONE of the following, then complete Parts II and III of this form.)

- ☒ I want a hearing based on my written statement and the records in my loan file.
- ☒ I want a hearing by telephone. (Provide a telephone number where you can be reached during the day): (231) 546-8042.
- ☐ I want an in-person hearing at DCS' office in Livermore, CA. I understand that I must pay my own expenses to appear at this hearing.

**PART II. REASONS WHY YOU OBJECT TO GARNISHMENT**

Check one or more reasons that apply. Explain any further facts concerning your objection(s) on a separate sheet of paper. You have the burden of proving any claims raised by your objection(s). The hearing on your objection(s) will be conducted based on the information on this form, any documentation you provide, and the documentation maintained by American Student Assistance. Please note that failure to provide written proof of your objection(s) may result in a hearing official issuing a decision to deny your objection as unsubstantiated.

- ☐ I was involuntarily separated from employment and have not been reemployed continuously for twelve (12) months. If you are covered under a state's unemployment program, you must submit this form along with documents from your state Employment Commission [or a similar agency in another state] indicating your entitlement to unemployment compensation, and a statement from your present employer indicating the date you began work at your present job. If you are not covered under a state's unemployment program (even if involuntarily separated from employment), you must provide a statement to that effect from the state unemployment agency. Please note that failure to provide written proof may result in a decision by the hearing official to deny your objection.

My previous employer was:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date of Separation

My present employer is:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date of Hire



- ☐ I do not owe the full amount shown because I repaid some or all of this loan. (Enclose copies of the front and back of all checks, money orders, and any receipts showing payments made to the holder of the loan.)
- ☐ I am making payments on this loan as required under the repayment agreement I reached with the holder of the loan. (Enclose the repayment agreement and copies of the front and backs of all checks where you paid on the agreement.)
- ☐ Garnishment of fifteen percent (15%) of my disposable pay would result in an extreme financial hardship. (You will be mailed financial disclosure forms that you should complete and return to support your claim, along with copies of all documentation required to support your claims on those forms.) The hearing official will make a determination of the amounts you should pay based on a review of the financial disclosure forms and any documentation you submit.
- ☐ I filed for bankruptcy and my case is still open. (Enclose copies of any document from the court that shows the date that you filed, the name of the court, and your case number.)
- ☐ This loan was discharged in bankruptcy. (Enclose copies of loan discharge order and the schedule of debts filed with the court.)
- ☐ The borrower has died. (Enclose copy of borrower's Death Certificate.)
- ☐ I am totally and permanently disabled (unable to work and earn money because of an impairment that is expected to continue indefinitely or result in death.) I request an application for discharge of my loan for this reason.
- ☐ I used this loan to enroll in \_\_\_\_\_ (Name of school) on or about \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, and could not complete my educational program because the school closed while I was enrolled or not later than 90 days after I withdrew. I request an application for discharge of my loan for this reason.
- ☒ I did not have a high school diploma or GED when I enrolled at the school I attended when receiving this loan, and I believe the school did not properly test my ability to benefit from the program. I request an application for discharge of my loan for this reason.

*Please note original transcript attached*

- ☐ When I borrowed this loan to attend \_\_\_\_\_ (name of school), I had a condition (physical, mental, age, criminal record) that prevented me from meeting state requirements for performing the occupation for which I received training at the school. I request an application for discharge of my loan for this reason.
- ☐ I believe that a representative of \_\_\_\_\_ (name of school) signed my name without permission on the loan application, promissory note, loan check(s), or authorization for my loan to be disbursed by electronic funds transfer, or master check. I request an application for discharge of my loan for this reason.
- ☐ This is not my Social Security Number, and I do not owe this loan. (Enclose a copy of your driver's license or other identification issued by a federal, state, or local government agency, and a copy of your Social Security Card.)
- ☐ I believe that this loan is not an enforceable debt in the amount stated for the reasons explained in the attached letter. (Attach a letter with any supporting documentation explaining any reason other than those listed above for your objection to collection of this loan amount by garnishment of your salary.)

**PART III.**

I SWEAR UNDER PENALTY OF PERJURY THAT THE STATEMENTS I HAVE MADE ON THIS REQUEST ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Phyllis Price

Signature

6-9-08

Date

Phyllis Price

Printed Name

RETURN THIS FORM TO:

Diversified Collection Services, Inc.  
ATTN: Wage Withholding Department  
P.O. Box 5239  
Grants Pass, OR 97527  
800-927-7667

*Headquarters*  
*Diversified Collection Services, Inc.*  
*333 North Canyons Parkway, Suite 100*  
*Livermore, CA 94551-7661*